

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020150

1. Entity Name

DELAWARE NORTH PARKS SERVICES OF SPACEPORT, INC.

Principal Place of Business

40 FOUNTAIN PLAZA
BUFFALO NY 14202

Mailing Address

40 FOUNTAIN PLAZA
BUFFALO NY 14202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CT CORORATION SYSTEM
1200 S. PINE ISLAND RD.
TALLAHASSEE FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RICK ABRAMSON**
CITY-ST-ZIP **DELAWARE NORTH PARK SERVICES**
KENNEDY SPACE CTR FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SZEFEL, DENNIS J**
CITY-ST-ZIP **40 FOUNTAIN PLAZA**
BUFFALO NY

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JANIS R. TRYBUS**
CITY-ST-ZIP **40 FOUNTAIN PLAZA**
BUFFALO NY

TITLE ☐ Delete
NAME **VPT**
STREET ADDRESS **LIVANOS, TIETSE**
CITY-ST-ZIP **40 FOUNTAIN PLAZA**
BUFFALO NY 14202

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JEREMY M. JACOBS, JR.**
CITY-ST-ZIP **40 FOUNTAIN PLAZA**
BUFFALO NY

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRYAN J. KELLER**
CITY-ST-ZIP **40 FOUNTAIN PLAZA**
BUFFALO NY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tietsje Livanos

Tietsje Livanos

4-25-01

(716) 853-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90019 014 ***150.00

550156



DO NOT WRITE IN THIS SPACE

4. FEI Number **16-1476829** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)